



Membership Application

Membership Categories

- Individual \$15
- Family \$25
- Sponsor \$50
- Donor \$100
- Benefactor \$250

If you are a Family Membership or higher, please write the name you want on your Bookplate (circle one):

In honor of _____

In memory of _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Please make checks payable to FRIENDS OF THE LIBRARY.
 Your membership is tax deductible. Your cancelled check is your receipt.

Yes! I would like to volunteer!



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